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** CONTINUING DATA ***** *OK* *****

This application is a CON of 09/943,637 08/31/2001 PAT 6,660,983
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(*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS ***** *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

Easily expandable, nontrapping, flexible paper, microwave package

FILING FEE RECEIVED 1564	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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